

**Kentucky Board of Medical Licensure**  
**HIV/AIDS Education Documentation Requirements**

During the 1990 regular legislative session, the General Assembly passed House Bill 425, which mandated Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) education requirements for health professionals. Further, the General Assembly mandated that the Cabinet for Health Services (CHS) administers this program and that the Kentucky Board of Medical Licensure monitor compliance.

On or after September 24, 1991, all applicants for medical licensure must comply with the two (2) hour AIDS education requirement.

Prior to receiving a Kentucky medical license, each applicant for licensure must submit to the Kentucky Board of Medical Licensure one of the following:

- A copy of a certificate of completion of an approved course. The AIDS course (2 hours minimum) must be included on the official listing of approved courses maintained by the Cabinet for Health Services, and the CHS approval number must appear on the certificate. **Certificates without a CHS approval number will not be accepted.**
- An “Affidavit of Reasonable Cause” form if the requirement is not met prior to licensure. If the AIDS course is not completed by the time a license is to be issued, the applicant must complete an “Affidavit of Reasonable Cause” form to verify that the requirement will be met within the next six (6) months. This affidavit shall be valid for no more than six (6) months and is not renewable. Eligible applicants will be issued a Temporary Permit only for this six (6) month period. The full license to practice medicine in Kentucky will not be issued until this requirement is met.
- If an applicant has graduated from a medical/osteopathic school, whose AIDS education is approved by CHS, within five (5) years and has been in a residency program throughout the interim, the applicant shall be deemed to have met this requirement. Contact the AIDS Education Program at CHS to see if your medical school curriculum has been approved. (See below)

If you have any questions regarding applicable courses, approval of courses, or if you need to obtain a listing of approved courses, please contact: <http://chfs.ky.gov/dph/epi/HIVAIDS/ProfessionalEducation.htm>

AIDS Education Program  
Cabinet for Health Services  
275 East Main Street  
Frankfort, KY 40621  
(502) 564-4990

## Addendum 6

### Kentucky HIV/AIDS Education Affidavit of Reasonable Cause

I, \_\_\_\_\_, request that the Board (KBML) defer my  
(Name)

HIV/AIDS education requirement for initial professional licensure (KRS 214.615) for the following reason,

Please explain in detail: \_\_\_\_\_

\_\_\_\_\_

I understand that the deferment is valid for six (6) months from the date of the issuance of my temporary permit to practice medicine and is **not renewable**. I further understand that within this six months I must send to the Board (KBML), a copy of a certificate showing completion of a Kentucky Cabinet for Health Services approved HIV/AIDS course for a full and unrestricted license to be issued.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

→ This form must be sent to the Board (KBML) in order for you to receive a six-month extension. Please retain a copy of this affidavit for your records. Either this affidavit or the completed course must be in the Board's office in order to meet the Board Deadlines. A list of approved courses may be obtained from the following website or you by calling (502) 564-6539.

<http://chfs.ky.gov/dph/epi/HIV/AIDS/ProfessionalEducation.htm>

**Mail this form to the following address:**

**Medical Licensure Coordinator  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, KY 40222  
(502) 429-7150**